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**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
**TOI/Sub-TOI:** L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** LDB12SL  
**Project Name/Number:** LDB12SL/LDB12SL

## Filing at a Glance

Company: Standard Life and Accident Insurance Company  
Product Name: LDB12SL  
State: Arkansas  
TOI: L07I Individual Life - Whole  
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 10/31/2012  
SERFF Tr Num: AMNA-128710472  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: LDB12SL

Implementation  
Date Requested:  
Author(s): Tyra Reed, Amber Adams, Tobie Brink  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/06/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
**TOI/Sub-TOI:** L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** LDB12SL  
**Project Name/Number:** LDB12SL/LDB12SL

## General Information

Project Name: LDB12SL	Status of Filing in Domicile: Pending
Project Number: LDB12SL	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/06/2012
	State Status Changed: 11/06/2012
Deemer Date:	Created By: Tobie Brink
Submitted By: Tobie Brink	Corresponding Filing Tracking Number:

Filing Description:  
Arkansas Insurance Department      October 31, 2012  
Compliance - Life and Health  
1200 West Third Street  
Little Rock AR 72201-1904

RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234) Filing Of:  
Form LDB12SL(10) – Individual Whole Life Insurance Policy  
Form LDB12SL-DP – Specifications Page used with Form LDB12SL(10)  
FE13S – Application for Individual Life Insurance  
SERFF Tracking Number: AMNA-128710472  
Company Tracking Number: LDB12SL

Dear Reviewer:

Please find attached the above listed forms for your organization's review and approval. These forms are new forms and will not replace any previously approved forms.

Form LDB12SL(10) is an individual whole life insurance policy with fixed premiums payable until the Insured's attained age 121. Policy loans are available up to the total amount of the policy's cash value. The policy contains nonforfeiture options for, extended term, paid-up insurance and cash surrender.

Form LDB12SL-DP – is the specifications page that will be used in conjunction with Form LDB12SL(10).

- issue age range of minimum 18 and maximum 85
- is available on a sex distinct basis
- is issued on an individual basis
- is not illustrated

FE13S is the application form used to apply for the above product. It is used in both person-to-person agent solicited sales and telephone sales utilizing an agent and service representative. FE13S will be attached to and made a part of the policy. The telephone procedures have been attached to the supporting documentation tab for reference.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability for each form
- Actuarial Memorandum
- Certificate of Readability
- Sample Policy Summary

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** LDB12SL  
**Project Name/Number:** LDB12SL/LDB12SL

-Telephone Process Document  
-Payment of the required filing fees have been submitted via EFT  
-Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.  
-As the above listed products are issued on a sex-distinct basis, we confirm that the policy(ies) will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

Sincerely,

Tobie Brink  
Life Policy Analyst III

## Company and Contact

### Filing Contact Information

Tobie Brink, Project Coordinator  
One Moody Plaza  
Actuarial Product Development  
14th Floor  
Galveston, TX 77550

Tobie.Brink@ANICO.com  
409-763-1112 [Phone] 4165 [Ext]  
409-766-6933 [FAX]

### Filing Company Information

Standard Life and Accident  
Insurance Company  
Administrative Office:  
One Moody Plaza  
14th Floor  
Galveston, TX 77550  
(409) 763-4661 ext. 5222[Phone]

CoCode: 86355  
Group Code: 408  
Group Name:  
FEIN Number: 73-0994234

State of Domicile: Texas  
Company Type: LifeHealth  
and Annuity  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: \$100 per filing -- non-exempt--policy present. Based on Texas' domicile fee.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Standard Life and Accident Insurance Company	\$100.00	10/31/2012	64434339

<b>SERFF Tracking #:</b>	AMNA-128710472	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	LDB12SL
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company		
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
<b>Product Name:</b>	LDB12SL				
<b>Project Name/Number:</b>	LDB12SL/LDB12SL				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/06/2012	11/06/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/06/2012	11/06/2012

#### Response Letters

Responded By	Created On	Date Submitted
Tobie Brink	11/06/2012	11/06/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statements of Variability	Tobie Brink	11/06/2012	11/06/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction	Note To Reviewer	Tobie Brink	11/06/2012	11/06/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	LDB12SL		
<b>Project Name/Number:</b>	LDB12SL/LDB12SL		

## Disposition

Disposition Date: 11/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Sample Policy Summary		Yes
Supporting Document (revised)	Statements of Variability		Yes
Supporting Document	Statements of Variability	Replaced	Yes
Supporting Document	Telephone Application Process		Yes
Supporting Document	Certification of Compliance		Yes
Form	Individual Whole Life Insurance Policy		Yes
Form	Specifications Page used with Form LDB12SL		Yes
Form	Application for Individual Life Insurance		Yes

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**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** LDB12SL  
**Project Name/Number:** LDB12SL/LDB12SL

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/06/2012
Submitted Date	11/06/2012
Respond By Date	12/06/2012

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Dear Tobie Brink,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

**Conclusion:**

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

State:	Arkansas	Filing Company:	Standard Life and Accident Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	LDB12SL		
Project Name/Number:	LDB12SL/LDB12SL		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/06/2012
Submitted Date	11/06/2012

Dear Linda Bird,

### Introduction:

Good afternoon,

### Response 1

#### Comments:

Yes, we provide a Guaranty notice to each policy owner. A certification has been submitted under the supporting documentation tab as requested.

### Related Objection 1

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	
AR - Certification of Compliance.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Thank you,

Tobie Brink

<b>SERFF Tracking #:</b>	AMNA-128710472	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	LDB12SL
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company		
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
<b>Product Name:</b>	LDB12SL				
<b>Project Name/Number:</b>	LDB12SL/LDB12SL				

Sincerely,  
Tobie Brink



<b>SERFF Tracking #:</b>	AMNA-128710472	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	LDB12SL
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company		
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
<b>Product Name:</b>	LDB12SL				
<b>Project Name/Number:</b>	LDB12SL/LDB12SL				

## Amendment Letter

Submitted Date: 11/06/2012

Comments:

Good morning!!

Going through my documentation, I realized I submitted an incorrect SOV for the data page. Would you please re-open the filing so I may submit the correct one?

Thank you,

Tobie Brink

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	
MVM-Form LDB12SL(10).pdf	
MVM - FE13S.pdf	
MVM - Form LDB12SL-DP AR.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Statements of Variability</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>MVM-Form LDB12SL(10).pdf</i>	
<i>MVM - Form LDB12SL-DP AR.pdf</i>	
<i>MVM - FE13S.pdf</i>	

## Note To Reviewer

Thank you,  
Tobie Brink

SERFF Tracking #:

AMNA-128710472

State Tracking #:

Company Tracking #:

LDB12SL

State: Arkansas

Filing Company:

Standard Life and Accident Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: LDB12SL

Project Name/Number: LDB12SL/LDB12SL

## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Whole Life Insurance Policy	Form LDB12SL(10)	POL	Initial		50.100	Form LDB12SL(10).pdf
2		Specifications Page used with Form LDB12SL	Form LDB12SL-DP	DDP	Initial		52.500	Form LDB12SL-DP AR.pdf
3		Application for Individual Life Insurance	FE13S	AEF	Initial		52.100	FE13S.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# Standard Life

AND ACCIDENT  
INSURANCE COMPANY



A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

POLICY NUMBER [ 5TICC001 ]

[ TESTY T EST1 ]

INSURED

HOME OFFICE:[ 2450 SOUTH SHORE BLVD. LEAGUE CITY, TX 77573 ]  
ADMINISTRATIVE OFFICE:[ P. O. BOX 1850, GALVESTON, TX 77550 ]  
TELEPHONE NUMBER[ (888) 519-5819 ]

*(The telephone number above is available for Policyholders to make inquiries or obtain information about their coverage and to provide assistance in resolving complaints.)*

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of this Policy. The Death Benefit is payable upon receipt at Our Administrative Office in Galveston, Texas of due Proof of Death of the Insured. This Policy is issued in consideration of the Application and payment of the Premiums as described within the Policy. This Policy is a legal contract between the Owner ("You", "Your") and Us. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE.** You may cancel this Policy for any reason within 30 days after this Policy is delivered. You may cancel it by returning the Policy, with a written request to cancel, to Our Administrative Office or the agent who took the Application. Any premiums paid, including any Policy Fee or other charges, will be refunded to You. The Policy will then be treated as if it were never issued.

Signed at Our Administrative Office at Galveston, TX on the Issue Date.

[  ]

J. Mark Flippin  
[ Secretary ]

[  ]

Steven Schouweiler  
[ President ]

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## INDIVIDUAL WHOLE LIFE INSURANCE POLICY

- Premium Paying Period as shown in the Data Section.
  - Nonparticipating. Dividends are not payable.
  - Death Benefit is payable as a lump sum or as described in the Settlement Options provision.
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## ALPHABETICAL GUIDE TO POLICY PROVISIONS

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Additional benefits and riders (if any), a copy of the Application and any supplements are attached to this Policy.

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## CONTRACT AND INTERESTED PERSONS

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**ENTIRE CONTRACT.** This Policy, any endorsements or riders, and the attached Application form the Entire Contract. The term "Application" includes the document so labeled and any supplemental applications or applications for riders, additional benefits, or reinstatements. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used in defense of a claim under it unless:

- (a) It is contained in the written Application for the Policy or rider. And,
- (b) A copy of the Application is attached to the Policy at the Issue Date, upon the addition of any rider; or upon Reinstatement.

**EFFECTIVE DATE.** This Policy takes effect on the Issue Date shown in the Data Section or as soon thereafter as the initial Premium Payment has been received at Our Administrative Office and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

**OWNER.** The Owner ("You", "Your") is named in the Data Section. If the Owner is a partnership the rights belong to the partnership as it exists when a right is exercised. Before Termination of the Policy, as stated in the Termination provision, You may exercise the rights of ownership given by this Policy.

If You are a minor or otherwise legally incompetent, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of ownership. If You die while the Insured is living, ownership will pass to the contingent owner if one is named. If there is no contingent owner, ownership will pass to Your estate. All rights of the Owner, the contingent owner, and the Beneficiary are secondary to the rights of any Assignee of record and any Irrevocable Beneficiary.

The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request is signed, unless otherwise specified by the Owner, provided that We shall not be responsible for any payments made or actions taken by Us prior to Our receipt of such request.

**INSURED.** The Insured is the person on whose death the Death Benefit will be paid and who is named as such in the Data Page. The Insured has no Ownership rights under this Policy unless the Owner and the Insured is the same person or unless the Owner is not legally competent.

**BENEFICIARY.** The Beneficiary is the person named to receive the Death Benefit of this Policy in the event of the Insured's death. The initial Beneficiary is designated in the Application. If changed, the Beneficiary is the person named on the most current written request to change the Beneficiary filed and recorded by Us.

Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary survives the Insured as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our Administrative Office:

- (a) two or more class members of the same class will share proceeds equally;
- (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and,
- (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate.

A Beneficiary will not share in any proceeds or benefits if:

- (a) the Beneficiary dies within 30 days after the Insured's Death; and,
- (b) Our Administrative Office has not received Proof of Death of the Insured.

If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiaries' interests are secondary to any Assignment on record at the Administrative Office.

**CHANGE OF BENEFICIARY.** If there is no Assignee or Irrevocable Beneficiary, You may change a Beneficiary by filing a written request in a form acceptable to Us at Our Administrative Office. A change will not take effect until We receive Your written request and record the change at Our Administrative Office. Once recorded, the change will be effective as of the date You signed the request. The change is superseded and limited by:

- (a) The rights of any Assignee on record. And,
- (b) The rights of an Irrevocable Beneficiary.

**IRREVOCABLE BENEFICIARY.** An Irrevocable Beneficiary is a Beneficiary whose rights under the Policy cannot be changed without his or her written consent.

**ASSIGNEE.** This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and the Owner.

**ASSIGNMENT.** No Assignment will bind Us until recorded at Our Administrative Office. We are not obligated to determine that an Assignment is valid or sufficient. Any claim by an Assignee is subject to proof of the validity and extent of the Assignee's interest in the Policy. Unless otherwise specified by the Owner, Assignments will take effect on the date the notice of Assignment is signed by Owner, provided that We will not be responsible for any payments made or actions taken by Us prior to Our receipt of such notice.

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## DEFINITION OF TERMS

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**ATTAINED AGE.** The Insured's age at issue plus the number of Policy Years completed.

**NATURAL PERSON.** A human being only and not a trust, a corporation, or any other legally recognized non-human entity.

**PAYEE.** A person to whom any of the proceeds of the Policy are payable.

**POLICY DEBT.** The total of all unpaid Loans plus unpaid interest on the Loans.

**POLICY MONTH.** The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month. This date is also referred to as the monthly anniversary.

**POLICY YEAR.** The period beginning on the Issue Date and ending one year later and each succeeding one year period.

**PREMIUM PAYER.** The person responsible for the payment of premiums for this Policy. The Premium Payer has no Ownership rights under this Policy unless the Premium Payer is also the Owner of this Policy.

**PROOF OF DEATH.** Includes all of the following:

- (a) A certified death certificate of the Insured or other lawful evidence providing equivalent information.
- (b) A claimant statement.
- (c) The Policy.
- (d) Any other information We may reasonably require to establish the validity of the claim.

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## GENERAL PROVISIONS

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**CONFORMITY WITH STATE LAW.** This Policy was approved under the authority of the insurance commissioner of the jurisdiction where it is delivered. Any provision of this Policy which on its effective date is in conflict with state law for this product type is hereby amended to conform to the state law for this product type as of the provision's effective date.

**NONPARTICIPATING POLICY.** This Policy is nonparticipating. It does not share in Our profits or surplus.

**INCONTESTABILITY.** This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, except for nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death or fraud (where permitted by the jurisdiction in which this Policy is delivered), which may be contested at any time.

An addition of a rider after this Policy's Issue Date, or Reinstatement shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement, except as to any nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death or fraud (if permitted by the jurisdiction in which this Policy is delivered), which may be contested at any time.

We may only contest this Policy based on material misstatements or omissions in the Application as defined in the Entire Contract provision.

**SUICIDE.** If the Insured, whether sane or insane, dies from suicide within 2 years from the Issue Date of this Policy, We are liable only for the return of any Premiums received less any Policy Debt. The provisions of this paragraph shall also apply to an addition of a rider. For 2 years following the date of an addition, We shall be liable only for the return of Premiums paid minus any Policy Debt, if any, which result from such addition.

**MISSTATEMENT OF AGE OR SEX.** If there is misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the Premium at the correct age and sex. Amounts will be based on Our rates on the Issue Date. As used in this Policy, 'age' means age last birthday.

**POWER TO MODIFY.** Only Our President, a Vice President or the Secretary has the power to:

- (a) change this Policy;
- (b) extend the time for payment of Premiums;
- (c) waive any Policy provisions.

Any change in the Policy will be by an endorsement signed by one of the above-named officers.

**NOTICES.** All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy, or any attached rider must be mailed or delivered to Our Administrative Office.



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## PREMIUMS

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**PREMIUM PAYMENT.** Premiums will be payable in advance of coverage being effective:

- (a) while the Insured is living;
- (b) starting on the Issue Date;
- (c) during the Premium Paying Period shown on the Data Page; and,
- (d) at the Premium Mode and amount shown on the Data Page.

Premiums are payable to Our Administrative Office or to Our authorized agent in exchange for an official receipt. The receipt will be signed by the President or Secretary and will be countersigned by the agent. The Premium Mode may be changed with Our consent upon written request.

**GRACE PERIOD.** A Grace Period of 31 days is granted for each Premium Payment after the initial Premium Payment. The Policy will stay in force during this period. No interest is charged on the Premium Payment due during this time. If the Insured dies during the Grace Period, any Premium amount due will be deducted from the Death Benefit. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE.** If a Premium is not paid during the Grace Period, the Policy will Lapse unless the Policy is continued as Paid-Up Insurance or Extended Term Insurance as provided for in the Nonforfeiture Benefits section.

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## DEATH BENEFIT

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**DEATH BENEFIT.** If the Policy is in force on a Premium paying basis, the Death Benefit will be equal to:

- (1) the Face Amount shown on the Data Page, plus
- (2) any additional life insurance proceeds provided at the date of the Insured's death by any riders or supplemental benefits, minus
- (3) any Policy Debt, minus
- (4) any unpaid Premiums that may apply during a Grace Period.

Premiums waived under any waiver of premium rider attached to this Policy will not be included in the adjustment.

If this Policy is in force as Paid-Up Insurance or Extended Term Insurance, the Death Benefit will be determined as described in the Nonforfeiture Benefits section.

The Death Benefit payable under the terms of this Policy is subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy.

The Death Benefit will be paid upon:

- (a) Our receipt of satisfactory Proof of Death of the Insured;
- (b) Our receipt of sufficient information necessary to determine the extent of the liability and the appropriate Payee legally entitled to the Death Benefit; and
- (c) removal of any legal impediments to payment of Death Benefit proceeds that result from the action of parties other than Us.

If the Death Benefit is not paid within thirty days from Our receipt and completion of the above items, interest on the Death Benefit and any refund of Premiums at death will be applied. Such interest:

- (a) will accrue from the date of death to the date of payment;
- (b) will be calculated at an effective rate of 8%.

The Death Benefit may be paid in one sum or under the Settlement Options provision of this Policy.

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## NONFORFEITURE BENEFITS

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**GUARANTEED NONFORFEITURE VALUES.** The Table of Nonforfeiture Values is shown in the Data Section and is referred to as "Table" in this section. The values shown in the Table are those available on the indicated Policy Anniversary. They assume there is no Policy Debt and Premiums have been paid to that Policy Anniversary. Values on dates between Policy Anniversaries will be determined with allowances made for the fractional part of the Premium paid for that Policy Year. Values not shown in the Table will be furnished on request.

**NET CASH VALUE.** The Net Cash Value will be the cash value as determined from the Table or its extension, decreased by any Policy Debt. Paid-Up Insurance will have a cash value equal to the Paid-Up net single premium at the Insured's Attained Age. Extended Term Insurance will have a cash value equal to the Extended Term net single premium, at the Insured's Attained Age, for the remainder of the Extended Term Period. If You surrender this Policy within 31 days after a Policy Anniversary, the Net Cash Value will not be less than on that anniversary.

**NONFORFEITURE OPTIONS AVAILABLE.** If any Premium is not paid at the end of its Grace Period, You have certain benefits. You must tell Us in writing which of the following Nonforfeiture Options You elect. Election of a Nonforfeiture Option must be made within 60 days after the due date of any unpaid Premium. Any insurance continued as Paid-Up or Extended Term Insurance will not include additional benefits provided by any Rider attached to this Policy unless otherwise provided for in the Rider.

Cash Surrender Option - You may surrender this Policy for its Net Cash Value. We may defer payment of any cash surrender for not more than six months from the date of written request.

Paid-Up Insurance Option - You may continue Your Policy as nonparticipating Paid-Up Insurance for a reduced level amount payable under the same conditions as this Policy. The reduced level amount will be determined by dividing the Net Cash Value by the Paid-Up net single premium at the Insured's Attained Age.

Extended Term Insurance Option - If Extended Term Insurance values are shown in the Table, You may continue Your Policy as nonparticipating Extended Term Insurance for the Amount of Insurance less any Policy Debt. The extended term insurance will continue from the due date of the unpaid Premium to the end of the Extended Term Period. The Extended Term Period will be the years and days that the NetCash Value will buy at the Extended Term net single premium rate at the Insured's Attained Age.

**AUTOMATIC NONFORFEITURE OPTION.** The Extended Term Insurance Option is the Automatic Nonforfeiture Option and will become effective as of the due date of the unpaid Premium unless You elect an alternative Nonforfeiture Option no later than 60 days after the due date of the Premium in default.

**BASIS OF COMPUTATIONS.** The Cash Value at the end of any Policy Year is equal to the excess of (A) over (B):

- (A) The then present value of the future guaranteed life insurance benefits.  
This value does not include any additional insurance benefits provided by supplemental agreements attached to this Policy.
- (B) The then present value of the nonforfeiture factors for the remaining Premium paying period.  
The nonforfeiture factors are shown in the Table.

Cash Values and Nonforfeiture Benefits of this Policy are not less than the minimum values and benefits required by the state where this Policy is delivered. We have filed with the insurance regulators there, a detailed statement of the method used to compute cash values. Calculations are based on the mortality tables and rates of interest shown in the Data Section.

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## LOANS

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**LOANS.** Upon written request, We will make a Loan to You for all or part of the Net Cash Value of the Policy. At the time of the Loan request, all of these conditions must be met:

- (1) the Insured must be living;
- (2) this Policy must be in force other than as Extended Term Insurance;
- (3) this Policy must not then be subject to any Assignment;
- (4) You must assign the Policy to Us, as sole security for the Loan, on a form approved by Us.

We reserve the right to defer payment of any Loan for up to 6 months, except when such Loan is to pay a Premium due to Us.

**LOAN INTEREST.** Loan Interest is payable in advance at the time of the new loan and on each anniversary of the Policy's Issue Date through the next anniversary of the Policy's Issue Date and accrues daily at the loan interest rate we establish. Any loan Interest not paid when it is due will be added to the amount of the outstanding Loan.

**LOAN INTEREST RATE.** We will charge interest in advance at an adjustable loan interest rate. When You request a Loan, We will tell You the initial adjustable loan interest rate. We may change the loan interest rate once per year. Any changes to the loan interest rate will become effective on the following anniversary of the Policy's Issue Date. The annual loan interest rate we establish will not exceed the equivalent of an effective annual rate of the higher of:

- (1) the "Moody's Corporate Bond Yield Average" for the calendar month ending two months prior to the date the rate is determined as published by Moody's Investors Service, Inc., or any successor thereto; or
- (2) the Nonforfeiture Interest Rate as shown in the Data Section, plus 1% per annum.

If there is a loan outstanding on this Policy We will give You, and any Assignee of record, notice of any increase to the loan interest rate at least 30 days prior to the effective date of the new loan interest rate.

**EXCESS POLICY DEBT.** If the Policy Debt exceeds the Cash Value, this Policy will Lapse without further value. In no event will coverage provided by this Policy terminate until the end of the Grace Period. We will mail notice of Termination to You at your last known address and to any Assignee of record 30 days prior to the actual Termination of the Policy.

**LOAN REPAYMENT.** All or part of a Loan on this Policy can be repaid at any time while this Policy is in force. However, if there is a Loan on the Policy on the last day of grace of a Premium in default, the Loan can be repaid only if the Policy is reinstated. Any payment not designated as a Premium Payment may be regarded as a Loan Repayment.

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## TERMINATION AND REINSTATEMENT

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**TERMINATION.** Coverage under this Policy will terminate on the first to occur of:

- (a) the Insured's death;
- (b) cessation of Premium Payments without positive cash value;
- (c) expiration of the Grace Period;
- (d) expiration of the Extended Term Insurance;
- (e) Our receipt of the Policy and Your written request for surrender of the full cash value.

**REINSTATEMENT.** You may reinstate this Policy after it has Lapsed. All of the following conditions must be met:

- (a) the Reinstatement must be within 5 years of the date of Termination;
- (b) You must complete a Reinstatement Application and any additionally required questionnaires to prove the Insured is insurable for the Policy at the same classification as on the Issue Date;
- (c) You must not have surrendered the Policy for its Cash Value;
- (d) all Premiums in arrears must be paid with compound interest. The interest rate will be 6% per year;
- (e) any Policy Debt must be reinstated or paid back with interest. The interest rate for Reinstatement of Policy Debt will be 6% per year. If the Policy Debt with interest would exceed the Cash Value of the reinstated Policy, the excess must be paid before Reinstatement will be approved.

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## SETTLEMENT OPTIONS

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**AVAILABILITY OF SETTLEMENT OPTIONS.** All or a part of the Death Benefit proceeds may be applied to any of the following options. We will first discharge in a single sum any liability under an Assignment of the Policy and any applicable Premium-related taxes, fees, or assessments imposed by any Federal, State, Municipal or other taxing authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected a Settlement Option before the Insured's death, Option 2 with a certain period of 10 years will become effective. Any Settlement Option election must be written in a form that satisfies Us. Our consent is required for any of the following:

- (a) Any payment to joint or successive Payees.
- (b) Any payment to a corporation, association, partnership, trustee, or estate. Or
- (c) Any change in an option previously elected.

We do not have to apply an option on a net sum payable of less than \$5,000 for any Payee.

**SETTLEMENT OPTIONS.** Periodic annuity payments may be made on an annual, semi-annual, quarterly, or monthly basis. You may select any basis such that the periodic payment is at least \$100. The Annuity Option tables illustrate minimum guaranteed monthly payments per \$1,000. The options are:

Option 1. Payments for a Fixed Period - Equal periodic payments will be paid for a fixed number of years. The amount of the payments will be based on Table A. At Our option, additional interest may be used in the calculation of the periodic payment.

Option 2. Life Annuity with 10 or 20 Years Certain - Equal periodic payments will be paid for as long as the Payee lives with payments certain for a fixed period of 10 years under Table B or 20 years under Table C.

Option 3. Life Annuity - Equal periodic payments under Table D will be paid for as long as the Payee lives with no payments certain; We have no liability upon the Payee's death.

Option 4. Payments of a Fixed Amount - Equal periodic payments will be paid. Payments will be paid until the total of the following amounts is exhausted:

- (1) the amount applied to this option, plus
- (2) interest at the effective rate of 1.5% per year (additional interest may be used in the calculation of the periodic payment at Our discretion).

The sum of installments paid in a year must be at least \$40 for each \$1,000 of the net sum payable. The final payment will be the balance of the amount applied to this option plus interest. It may be more or less than the other payments.

Option 5. Interest Payments - We will hold the amount applied to this option at interest. Under this option, the first payment may be postponed for up to 10 years with Our consent. Interest will be paid at the effective rate of 1.5% per year (additional interest may be paid at Our discretion). On interest due dates, the Payee may make a withdrawal from the amount held. If such withdrawal occurs, it must be for an amount of at least \$100. If the amount held falls below \$2,000, We may pay the entire amount held to the Payee and will have no further liability. You may select the payment mode for interest due dates. The available payment modes are: monthly, quarterly, semi-annual, or annual.

**GENERAL PROVISIONS RELATING TO SETTLEMENT OPTIONS.** You may surrender this Policy after You have established a Settlement Option or before the commencement of any distribution. The first payment under Option 1, 2, 3, or 4 is paid on the date the amount is applied to the option. The first payment under Option 5 is paid at the end of the first interest period. The first payment may be postponed for up to 10 years with Our consent. If so, the amount applied to the option will accumulate with compound interest at the effective rate of 1.5% per year. To avoid making payments of less than \$100 each, We can do either or both of the following:

- 1. Change the payments to a quarterly, semi-annual, or annual basis.
- 2. Reduce the number of payments.

You may withhold the Beneficiary's right to assign, encumber, or commute any unpaid amount. Except to the extent permitted by law, unpaid amounts are not subject to any claims of a Beneficiary's creditor.

**COMMUTATION OF SETTLEMENT OPTIONS.** Commutation is the payment by Us of a lump sum in lieu of any future Annuity Payments. In no case may any life-contingent payments under Options 2 or 3 be commuted. At Our option, payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the present value of the future payments.

If the Payee under Options 1, 2, 4 or 5 dies after payments under the option have started, We will:

- (a) Under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee's estate. Or,
- (b) Under Options 4 or 5, pay any balance held by Us to the Payee's estate.

With Our consent, the option elected may provide for payment in another manner.

**BASIS OF CALCULATIONS.** The payment amounts illustrated in the Settlement Option Tables are based on the Annuity 2000 Mortality Table (no projection scale used) and 1.5% interest. The Attained Age of the Payee when the Settlement Option is elected will be adjusted downward by one year for each full five year period that has elapsed since January 1, 2000. Benefits at the time of their commencement will not be less than those that would be provided by the application of the surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the same time to the same class of annuitants.

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#### SETTLEMENT OPTION TABLES

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##### OPTION 1 – TABLE A.

##### MONTHLY PAYMENTS FOR EACH \$1,000.00 OF THE NET SUM PAYABLE.

Multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment, and by 11.868 to obtain the annual payment.

Years	\$	Years	\$	Years	\$
1	83.90	11	8.21	21	4.62
2	42.26	12	7.58	22	4.44
3	28.39	13	7.05	23	4.28
4	21.45	14	6.59	24	4.13
5	17.28	15	6.20	25	3.99
6	14.51	16	5.85	26	3.86
7	12.53	17	5.55	27	3.75
8	11.04	18	5.27	28	3.64
9	9.89	19	5.03	29	3.54
10	8.96	20	4.81	30	3.44

**OPTION 2 OR 3 – TABLES B, C, AND D.****MONTHLY PAYMENTS FOR LIFE FOR EACH \$1,000.00 OF THE NET SUM PAYABLE.**

Age in years means age of the Payee on birthday prior to the due date of the first payment. For Tables B and C, multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment, and by 11.868 to obtain the annual payment.

AGE IN YEARS MALE	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	TABLE D Life Only	AGE IN YEARS FEMALE	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	TABLE D Life Only
	\$	\$	\$		\$	\$	\$
46	2.98	2.93	2.99	46	2.78	2.76	2.79
47	3.04	2.98	3.05	47	2.83	2.80	2.84
48	3.10	3.03	3.11	48	2.88	2.85	2.89
49	3.16	3.09	3.18	49	2.94	2.90	2.94
50	3.22	3.14	3.25	50	2.99	2.95	3.00
51	3.29	3.20	3.32	51	3.05	3.00	3.06
52	3.36	3.26	3.39	52	3.11	3.06	3.13
53	3.44	3.32	3.47	53	3.18	3.12	3.19
54	3.51	3.39	3.55	54	3.25	3.18	3.26
55	3.60	3.45	3.64	55	3.32	3.24	3.34
56	3.68	3.52	3.73	56	3.39	3.30	3.42
57	3.77	3.58	3.82	57	3.47	3.37	3.50
58	3.87	3.65	3.93	58	3.56	3.44	3.59
59	3.97	3.72	4.03	59	3.64	3.51	3.68
60	4.08	3.79	4.15	60	3.74	3.58	3.78
61	4.19	3.86	4.27	61	3.84	3.66	3.88
62	4.30	3.93	4.40	62	3.94	3.73	3.99
63	4.43	4.00	4.54	63	4.05	3.81	4.11
64	4.56	4.07	4.69	64	4.16	3.88	4.23
65	4.69	4.14	4.85	65	4.29	3.96	4.37
66	4.83	4.21	5.02	66	4.41	4.04	4.51
67	4.98	4.27	5.20	67	4.55	4.11	4.66
68	5.13	4.33	5.40	68	4.69	4.19	4.83
69	5.29	4.39	5.60	69	4.84	4.26	5.00
70	5.45	4.44	5.82	70	5.00	4.33	5.19
71	5.62	4.49	6.06	71	5.17	4.39	5.40
72	5.79	4.54	6.30	72	5.34	4.45	5.62
73	5.97	4.58	6.57	73	5.53	4.51	5.86
74	6.15	4.62	6.85	74	5.72	4.55	6.11
75	6.33	4.65	7.16	75	5.91	4.60	6.39
76	6.51	4.68	7.48	76	6.11	4.64	6.69
77	6.69	4.71	7.83	77	6.32	4.67	7.02
78	6.87	4.73	8.20	78	6.52	4.70	7.37
79	7.05	4.75	8.60	79	6.73	4.73	7.75
80**	7.23	4.76	9.02	80**	6.94	4.75	8.17

\*\* and over



HOME OFFICE: [2450 SOUTH SHORE BLVD. LEAGUE CITY, TX 77573 ]  
ADMINISTRATIVE OFFICE:[ P. O. BOX 1850, GALVESTON, TX 77550 ]  
TELEPHONE NUMBER[(888) 519-5819 ]

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#### **INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

- Premium Paying Period as shown in the Data Section.
  - Nonparticipating. Dividends are not payable.
  - Death Benefit is payable as a lump sum or as described in the Settlement Options provision.
-

DATA PAGE							
POLICY NUMBER		[12345678]		[September 5, 2012]		ISSUE DATE	
OWNER		[JOHN DOE]		[\$10,000]		FACE AMOUNT	
INSURED							
INSURED NAME		[JOHN DOE]		[35]		ISSUE AGE	
CLASS		[STANDARD NON SMOKER]		[MALE]		SEX	
PREMIUMS AND RIDERS							
BENEFIT DESCRIPTION				INITIAL ANNUAL PREMIUM		PREMIUM PAYING PERIOD (YEARS)	
WHOLE LIFE TO AGE 121				[\$269.80]		[87]	
Form		Form LDB12SL(10)					
Maturity Date		[September 5 , 2099]					
[RIDER 1]				[Rider Form 1]		\$[Rider 1 Premium]	
Maturity Date		[Maturity Date]				[##]	
TOTAL INITIAL ANNUAL PREMIUM				[\$269.80]			
MODAL PREMIUMS							
INCLUDES PREMIUMS FOR Form LDB12SL(10), ANY RIDERS, AND AN ANNUAL POLICY FEE OF \$[60.00]							
YOUR CURRENT PREMIUM MODE IS: [SPECIAL MONTHLY]							
YEARS	ANNUAL	SEMI-ANNUAL	QUARTERLY	SPECIAL MONTHLY	MONTHLY		
[1-87]	[\$269.80]	[\$ 140.30]	[\$ 72.85]	[\$ 24.15]	\$ [26.98]		
[XX-XX]							
MORTALITY TABLES							
NONFORFEITURE VALUES ARE CALCULATED USING THE 2001 CSO ALB ULTIMATE MORTALITY TABLE FOR INSURED'S GENDER.							
ALL CALCULATIONS ASSUME CONTINUOUS FUNCTIONS. AGE IS BASED ON AGE LAST BIRTHDAY.							



## DATA PAGE CONTINUED

POLICY NUMBER	[12345678]	INSURED	[JOHN DOE]	[MALE]	[35]
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## TABLE OF NONFORFEITURE VALUES

NONFORFEITURE FACTOR:	[11.87]
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NONFORFEITURE INTEREST RATE	4.00 %
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END OF POLICY YEAR	CASH OR LOAN VALUE	PAID UP INSURANCE	EXTENDED INSURANCE	
			YEARS	DAYS
1	[\$0.00]	[\$0.00]	[0]	[0]
2	[\$0.00]	[\$0.00]	[0]	[0]
3	[\$80.00]	[\$336.22]	[5]	[32]
4	[\$190.00]	[\$771.41]	[9]	[288]
5	[\$300.00]	[\$1,176.75]	[13]	[117]
6	[\$420.00]	[\$1,591.90]	[15]	[352]
7	[\$530.00]	[\$1,941.44]	[17]	[226]
8	[\$660.00]	[\$2,337.11]	[19]	[82]
9	[\$780.00]	[\$2,670.83]	[20]	[66]
10	[\$910.00]	[\$3,014.07]	[21]	[3]
11	[\$1,040.00]	[\$3,332.98]	[21]	[225]
12	[\$1,180.00]	[\$3,660.04]	[22]	[71]
13	[\$1,320.00]	[\$3,963.19]	[22]	[222]
14	[\$1,460.00]	[\$4,243.25]	[22]	[317]
15	[\$1,610.00]	[\$4,529.84]	[23]	[31]
16	[\$1,760.00]	[\$4,794.53]	[23]	[64]
17	[\$1,920.00]	[\$5,065.45]	[23]	[93]
18	[\$2,070.00]	[\$5,290.79]	[23]	[60]
19	[\$2,240.00]	[\$5,548.88]	[23]	[57]
20	[\$2,400.00]	[\$5,764.88]	[22]	[365]

AT AGE	CASH OR LOAN VALUE	PAID UP INSURANCE	EXTENDED INSURANCE	
			YEARS	DAYS
55	[\$2,400.00]	[\$5,764.88]	[22]	[365]
60	[\$3,260.00]	[\$6,757.58]	[21]	[281]
62	[\$3,620.00]	[\$7,095.03]	[21]	[26]
65	[\$4,170.00]	[\$7,551.40]	[19]	[337]



1. Proposed Insured \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First Name Middle Initial Last Name  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthstate/Birthplace \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced  
 Occupation \_\_\_\_\_ Has the Proposed Insured used tobacco or nicotine in the past 12 months? ..... ☐ Yes ☐ No  
 Residence Address: \_\_\_\_\_ City, State and Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Special Request:**

2. Owner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(if other than Proposed Insured)  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 3. Primary Beneficiary \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 4. a. Do you have any existing insurance or annuities in force? ..... ☐ Yes ☐ No  
 b. Will the life insurance applied for replace or use cash values of any existing life insurance or annuity policy issued by  
 any company? ..... ☐ Yes ☐ No  
 If Yes, indicate which policies are being replaced. \_\_\_\_\_  
 5. Have you ever flown or do you contemplate flying as a pilot or student pilot, or engage in, or intend to engage in any hazardous  
 avocation or sport? If Yes, complete and submit the appropriate questionnaire. .... ☐ Yes ☐ No

**PART 1** (Proposed Insured is NOT eligible for life insurance if ANY question in PART 1 is answered "Yes". Proposed Insureds ages 81-85 are NOT eligible for life insurance if ANY question in PARTS 1 or 2 is answered "Yes". If ALL questions are answered "No", proceed to PART 2.)

6. Are you currently hospitalized, in a nursing home, under hospice care, currently confined to a wheelchair due to disease or illness, or need personal or mechanical assistance in bathing and/or dressing? ..... ☐ Yes ☐ No
7. In the past 2 years, have you had a heart attack, stroke, cirrhosis of the liver or cancer (other than non-melanoma skin cancer)? ..... ☐ Yes ☐ No
8. Have you ever been diagnosed by a member of the medical profession with acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for human immunodeficiency virus (HIV)? ..... ☐ Yes ☐ No
9. Have you ever received an organ transplant or are you on a waiting list for an organ transplant? ..... ☐ Yes ☐ No
10. Have you ever received kidney dialysis, heart valve replacement, or an implanted defibrillator? ..... ☐ Yes ☐ No
11. Have you ever been diagnosed by a member of the medical profession with any of the following conditions: congestive heart failure, Alzheimers, dementia, aneurysm, chronic hepatitis B or C, cardiomyopathy, or renal failure? ..... ☐ Yes ☐ No
12. Have you ever been diagnosed by a member of the medical profession with chronic obstructive pulmonary disease (COPD)? ..... ☐ Yes ☐ No
13. In the past 10 years, have you been diagnosed by a member of the medical profession with or received treatment for leukemia or lymphoma (Hodgkins or non-Hodgkins)? ..... ☐ Yes ☐ No
14. In the past 5 years, have you received treatment for alcohol or drug use, been diagnosed by a member of the medical profession with internal cancer or malignant melanoma, had a stroke, cerebral vascular accident (CVA) or transient ischemic attack (TIA), or been diagnosed or treated by a member of the medical profession for pancreatitis? ..... ☐ Yes ☐ No
15. In the past 2 years, have you been diagnosed by a member of the medical profession with coronary artery disease or atrial fibrillation or had coronary bypass surgery, coronary angioplasty, coronary stenting, or had a pacemaker implanted? ..... ☐ Yes ☐ No

**PART 2** (Proposed Insured ages 18-80 may require substandard rates if ANY of the following is answered "Yes".  
If ALL questions are answered "No", ANY Proposed Insured may qualify for standard rates).

16. Have you ever been diagnosed by a member of the medical profession with major depression, bipolar disorder, diabetes (requiring insulin), rheumatoid arthritis, multiple sclerosis, or Parkinson's disease?..... ☐ Yes ☐ No
17. In the past 2 to 10 years, have you been diagnosed by a member of the medical profession with a heart attack, coronary artery disease, atrial fibrillation or had coronary bypass surgery, coronary angioplasty or coronary stenting? ..... ☐ Yes ☐ No
18. In the past 5 years, have you been diagnosed by a member of the medical profession with or received treatment for Crohn's disease or ulcerative colitis?..... ☐ Yes ☐ No
19. In the past 5 to 10 years, have you been diagnosed by a member of the medical profession with one of the following conditions: internal cancer, malignant melanoma,transient ischemic attack (TIA)? ..... ☐ Yes ☐ No
20. Have you had a stroke or cerebral vascular accident (CVA) more than 5 years ago? ..... ☐ Yes ☐ No
21. Plan \_\_\_\_\_ Plan Type: ☐ Standard Rates ☐ Substandard Rates  
Initial Premium Payment \_\_\_\_\_ Face Amount \_\_\_\_\_ Payment Method \_\_\_\_\_ Payment Mode \_\_\_\_\_  
☐ **No money collected. Initial premium is to be drafted.**

**FRAUD WARNING** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICATION DECLARATIONS AND AGREEMENTS** — The Proposed Insured declares for himself/herself, that all of the answers in this application and any supplements to it are complete and true to the best of his/her knowledge and belief. The Proposed Insured also agrees that:

- these answers as written: a) were given to induce the Company to issue a Policy; and b) shall form the basis for and become part of any Policy issued on the application;
- except as otherwise provided in the conditional receipt, no Policy will be effective until it is:  
a) issued; b) delivered to the Applicant; c) the full first premium paid; and d) all during the lifetime and good health of the Proposed Insured;
- the Company may issue a Policy different from that specified in this application by listing the difference(s) on the Policy Data Page, and acceptance of such different Policy will be a ratification of the changes except that no changes in: a) specified amount; and b) classification will be effective unless agreed to by the Proposed Insured in writing;
- the Company is not bound by any statements made by anyone or any other facts known to anyone concerning the Proposed Insured if not in writing in this application or any supplement to it; and
- only the President, a Vice President, or Secretary of the Company has the authority to waive any of the Company rights or requirements or to waive or alter any of the provisions of this application or the Policy issued on this application.

\_\_\_\_\_  
Dated at City, State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Agent's Name

\_\_\_\_\_  
Proposed Insured's Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Witnessed by: Agent's Signature

**USA PATRIOT ACT NOTICE — To Be Read By Or To Customer**

The USA PATRIOT Act requires that we establish an Anti-Money Laundering ("AML") Program, notify customers that we must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your application.

**Identification Verified:** one for each Owner/Trustee/Partner (Use additional forms if necessary.)

**Owner/Trustee/Partner:** Check one form of Identification:

- ☐ Driver's license ☐ Resident Alien Identification (green card)  
☐ Passport ☐ Other: (describe) \_\_\_\_\_

**Joint Owner/Trustee/Partner:** Check one form of Identification:

- ☐ Driver's license ☐ Resident Alien Identification (green card)  
☐ Passport ☐ Other: (describe) \_\_\_\_\_

**The following information should be recorded exactly as it appears on the identification reviewed:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address (not PO Box)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Number on Identification

\_\_\_\_\_  
State or Country

\_\_\_\_\_  
Identification Expiration Date

(over)



### AGENT'S STATEMENT

I certify that I saw the Proposed Insured. I asked the Proposed Insured the questions in the application, and recorded the answers. The answers recorded did not conflict with my observations and knowledge of the Proposed Insured. I witnessed the required signatures. I certify that I have verified the Proposed Insured's personal information by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident (Green Card), passport or other government issued pictured I.D. card.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent's Writing Number

### AGENT'S SUPPLEMENT

1. What is the purpose of this insurance? ☐ Personal ☐ Business

2. If beneficiary is not a relative, explain insurable interest:  
\_\_\_\_\_

3. How long have you personally known the Proposed Insured?  
\_\_\_\_\_

4. By whom will the premiums be paid? ☐ Owner ☐ Applicant ☐ Other

If Other, explain: \_\_\_\_\_

5. As an agent, do you have knowledge or reason to believe that replacement of existing business may be involved? ☐ Yes ☐ No

6. Was the application voluntary or solicited? \_\_\_\_\_

### AGENT'S REPORT

During the interview, did you observe if the Proposed Insured had any physical or mental impairment with regard to walking, speaking, or clearly understanding the questions on the application? ☐ Yes ☐ No

The best time(s) to call for a telephone interview:  
\_\_\_\_\_  
\_\_\_\_\_

BE SURE TO INFORM YOUR CLIENT A TELEPHONE INTERVIEW WILL BE CONDUCTED. If the Proposed Insured has a hearing problem, describe.  
\_\_\_\_\_  
\_\_\_\_\_



## AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I hereby authorize any: physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, pharmacy benefit manager, government agency, group policyholder, employer, benefit plan administrator, the MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other Applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Applicant(s). It is understood that STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it, resulting in loss of protection by federal regulations.

I understand that:

1. such information will be used by STANDARD LIFE AND ACCIDENT INSURANCE COMPANY for underwriting and insurability determinations;
2. I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage;
3. a picture copy or photocopy of this authorization shall be as valid as the original; and
4. I, or my authorized representative, am entitled to receive a copy of this authorization upon request.

This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Life New Business Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, P.O. Box 696850, San Antonio, TX 78269. *I may inspect or copy any information used or disclosed under this authorization, if signed.*

---

Date

---

Signature of Applicant

---

Witness

---

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: (circle one) power of attorney, guardian, guardian-in-fact, payee representative or other \_\_\_\_\_.



---

**SIGNATURE REQUIRED IF  
CONDITIONAL RECEIPT TO BE DETACHED**

I hereby certify that I have read and received the conditional receipt, and agree to its terms. I understand that the Company will not permit acceptance of my payment or detachment of the conditional receipt unless this statement is true.

---

Signature of Proposed Insured

---

Signature of Premium Payor



**Standard Life and Accident Insurance Company**

Mailing Address:

[ P.O. Box 696850, San Antonio, TX 78269 ]

[ 888.519.5819 ]



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## AUTHORIZATION TO MY BANK PREAUTHORIZED CHECK AUTHORIZATION

**Attach Voided Check or Deposit Ticket Here  
and Sign Authorization**

**Bank Information:**    ☐ Checking    ☐ Savings

---

Name

---

City

State

Zip

We will not draft from your account until underwriting approves your application.

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Standard Life and Accident Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such checks. I further agree should any such checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

---

Date Signed



---

Signature (as it appears on bank records)

---

Account Number

Routing Number

---

## CONDITIONAL RECEIPT

Standard Life and Accident Insurance Company

Mailing Address [ P.O. Box 696850, San Antonio, TX 78269 ]

**THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED. PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received \$ \_\_\_\_\_ concerning an application for life insurance. If each of the following four conditions is satisfied fully, then, subject to the Maximum Specified Amount Limitation described below, insurance as provided by the terms and conditions of the Policy will become effective on the effective date, as defined below. **1.** The payment received with the application must equal the minimum required for the Plan. **2.** All medical examinations and tests required under the Company's application requirements must be completed and the reports of those medical examinations and tests must be received at the Company's Administrative Office within 45 days after the date of this receipt. **3.** On the effective date, as defined below, the Proposed Insured must be insurable at standard premium rates for insurance requested in the application. **4.** There is no material misrepresentation in the application.

**MAXIMUM SPECIFIED AMOUNT LIMITATION:** At no time and in no event shall the total liability of the Company under this receipt exceed \$100,000. "Effective date" means the latest of the date the application is completed, the date all medical exams and tests are completed as required by the Company, and if the Proposed Insured requests a policy date which is later than the date of this receipt, the policy date requested by the Proposed Insured. **Refund of Payment:** If one or more of the above conditions have not been satisfied fully within 45 days after the date of this receipt, the Company's liability is limited to a refund of the premium paid. Only the President, a Vice President or Secretary of the Company has the authority to waive any of the Company's rights or requirements or to waive or alter any of the provisions of this receipt or amend it in any way.

Dated at \_\_\_\_\_ on \_\_\_\_\_ , \_\_\_\_\_  
City, State Month, Day Year

\_\_\_\_\_  
Signature of Licensed Agent

I have read this conditional receipt. The agent has explained it to me and I understand and agree to all conditions and limitations.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Premium Payor



**Standard Life and Accident Insurance Company**  
**Mailing Address: [ P.O. Box 696850, San Antonio, TX 78269 ]**

In connection with your application, Standard Life and Accident Insurance Company (Standard Life), or its reinsurers, may obtain medical and other information for evaluation purposes. Standard Life may obtain that information from MIB, Inc. or any medical professional, medically related facility, insurance support organization or insurance company who possesses information about the care, treatment or advice given you or your family. That information could concern drugs, alcoholism or mental illness. Standard Life may also obtain an investigative consumer report on you.

**MIB, Inc. Pre-notification** [ Information regarding your insurability will be treated as confidential. Standard Life or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc. upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866.692.6901. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Standard Life, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com). ]

**Fair Credit Reporting Act Pre-notification** – Federal and state laws require notification that, with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing the proper identification, you may inspect, or for the appropriate fee, receive a copy of such report. Typically, the report will contain information as to character, general reputation, personal characteristics, and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors, or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs if any, living conditions and type of community.

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	LDB12SL		
<b>Project Name/Number:</b>	LDB12SL/LDB12SL		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The application to be used is submitted under the Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Sample Policy Summary		
Comments:			
Attachment(s):			
SLAICO WL - Policy Summary.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Standard Life and Accident Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	LDB12SL		
<b>Project Name/Number:</b>	LDB12SL/LDB12SL		

MVM-Form LDB12SL(10).pdf  
MVM - FE13S.pdf  
MVM - Form LDB12SL-DP AR.pdf

		Item Status:	Status Date:
Satisfied - Item:	Telephone Application Process		
Comments:			
Attachment(s):			
SLAICO Application Program File.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR - Certification of Compliance.pdf			



Standard Life and Accident Insurance Company

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## READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form LDB12SL(10)	Individual Whole Life Insurance Policy	50.1
Form LDB12SL-DP	Individual Whole Life Insurance Policy Data Page <i>(as scored with the policy form)</i>	52.5
FE13S	Application for Individual Life Insurance Policy <i>(as scored with the policy form)</i>	52.1

A handwritten signature in black ink, appearing to read "Rex D. Hemme", written over a horizontal line.

Rex D. Hemme  
Senior Vice President & Actuary  
Standard Life and Accident Insurance Company  
10/5/2012



## Standard Life and Accident Insurance Company

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Tobie Brink, Life Policy Analyst III  
Product Development - Actuarial  
One Moody Plaza, 14<sup>th</sup> Floor  
Galveston, Texas 77550

e-mail: [tobie.brink@ANICO.com](mailto:tobie.brink@ANICO.com)  
Phone: (409) 763-4661 x 4265  
Fax: (409) 766-6522

Arkansas Insurance Department  
Compliance - Life and Health  
1200 West Third Street  
Little Rock AR 72201-1904

October 31, 2012

**RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234) Filing Of:**  
**Form LDB12SL(10) – Individual Whole Life Insurance Policy**  
**Form LDB12SL-DP – Specifications Page used with Form LDB12SL(10)**  
**FE13S – Application for Individual Life Insurance**  
**SERFF Tracking Number: AMNA-128710472**  
**Company Tracking Number: LDB12SL**

Dear Reviewer:

Please find attached the above listed forms for your organization's review and approval. These forms are new forms and will not replace any previously approved forms.

**Form LDB12SL(10)** is an individual whole life insurance policy with fixed premiums payable until the Insured's attained age 121. Policy loans are available up to the total amount of the policy's cash value. The policy contains nonforfeiture options for, extended term, paid-up insurance and cash surrender.

**Form LDB12SL-DP** – is the specifications page that will be used in conjunction with Form LDB12SL(10).

- issue age range of minimum 18 and maximum 85
- is available on a sex distinct basis
- is issued on an individual basis
- is not illustrated

**FE13S** is the application form used to apply for the above product. It is used in both person-to-person agent solicited sales and telephone sales utilizing an agent and service representative. FE13S will be attached to and made a part of the policy. The telephone procedures have been attached to the supporting documentation tab for reference.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability for each form
- Actuarial Memorandum
- Certificate of Readability
- Sample Policy Summary
- Telephone Process Document
- Payment of the required filing fees have been submitted via EFT
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy(ies) will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

Sincerely,

Tobie Brink

Tobie Brink  
Life Policy Analyst III

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

Insured: JOHN D. INSURED  
Issue Age: 35 [Sex: MALE]

Date Prepared: [09/24/2012]

Plan of Insurance: [WHOLE LIFE TO AGE 121]

Policy Year	Death Benefit	Annual Premium(1)	Cash Surrender Value
1	\$ 10,000	\$ 269.80	\$0.00
2	\$ 10,000	\$ 269.80	\$ 0.00
3	\$ 10,000	\$ 269.80	\$ 80.00
4	\$ 10,000	\$ 269.80	\$ 190.00
5	\$ 10,000	\$ 269.80	\$ 300.00
10	\$ 10,000	\$ 269.80	\$ 910.00
20	\$ 10,000	\$ 269.80	\$ 2,400.00
Age 60*	\$ 10,000	\$ 269.80	\$ 3,260.00
Age 65*	\$ 10,000	\$ 269.80	\$ 4,170.00

Cost Comparison Disclosure

Indexes Per \$1000	Base Policy	
	20 YR	10 YR
Surrender Cost Index	20.07	20.09
Net Payment Cost Index	26.98	26.98

These indexes are useful only for comparison of the relative costs of two or more similar policies. An explanation of the intended use of these Indexes is provided in the Life Insurance buyer's Guide.

\*Values are for the policy year during which the Insured attains the age.

STANDARD LIFE AND ACCIDENT IINSURANCE COMPANY

Policy Number: 12345678

Page 2 of 2

FOOTNOTES

- (1) Premiums shown are on an annual basis. For the actual premiums, if on any other basis, refer to your policy.

Your policy may be used as collateral for a loan. If you do choose to use your policy in this fashion, interest will be charged in advance at an adjustable loan interest rate. The adjustable loan interest rate will be determined in accordance with the provisions of the policy and applicable law.

This policy summary is a brief description of the highlights of the plan. This is a policy summary only, and is not a contract. See your policy for exact terms and conditions.

If you have any questions concerning this statement, you may contact us at:

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

[Address 1]

[Address 2]

[Telephone]

or, you may contact your agent:

[Agent Name]

[Agent Address 1]

[Agent Address 2]

[Agent Telephone]





## Standard Life and Accident Insurance Company

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### MEMORANDUM OF VARIABLE MATERIAL FOR Form LDB12SL(10) October 5, 2012

This memorandum was prepared for use with Form LDB12SL(10) an individual whole life policy for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

#### Variable Material - Policy

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

The minimum face amount for this product is \$2,000.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.



## Standard Life and Accident Insurance Company

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### MEMORANDUM OF VARIABLE MATERIAL FOR FE13S October 5, 2012

This memorandum was prepared for use with FE13S, a life application for Standard Life and Accident Insurance Company.

Variable material contained within the form denoted by use of brackets.

#### Variable Material

The form contains the following permissible variable material:

Mailing Address  
Administrative Office Address  
Home Office Address  
Telephone Number

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

**Medical Information Bureau (MIB) Pre-notification** - the MIB pre-notice text has been denoted as variable material to allow for updates as provided by the MIB. This field will not vary on an individual basis and would only be updated should updates from the MIB, Inc. be required for new issues.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.



## Standard Life and Accident Insurance Company

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### MEMORANDUM OF VARIABLE MATERIAL FOR Form LDB12SL-DP October 5, 2012

This memorandum was prepared for use with Form LDB12SL-DP, a specifications page used in conjunction with an individual whole life policy Form LDB12SL(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

#### Variable Material

The form contains the following variable fields:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the applicable range for this product is a minimum specified amount is \$10,000 for issue ages 18 to 49, \$2,000 for issue ages 50 to 85.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 85.

Class - will display the rate class of the Insured. The applicable range for this product is:  
Standard Non-Smoker  
Standard Smoker

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Maturity Date - the policy's maturity date is the policy anniversary following the Insured's 121<sup>st</sup> birthday.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of any riders and the annual policy fee.

Premium Paying Period (Years) - the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 121st birthday.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits. At this time no riders or supplemental benefits are offered with this product; however, we have indicated by use of brackets and labels how rider information would be displayed for illustrative purposes.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, Special Monthly or Monthly.

Years - this field will display the number of years the modal premium is payable.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Nonforfeiture Values -

Nonforfeiture Factor - Nonforfeiture Factor - this field will display the nonforfeiture factor. This amount will vary based on the Insured's information and is calculated based on the underlying cash value mortality table, nonforfeiture interest rate, and interest function (continuous).

Table - the table provides the Cash or Loan Value, Paid Up Insurance, and Extended Term Insurance amount for each policy year, based on the Insured's information, face amount, and expected annual premium.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

Standard Life and Accident Insurance Company

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# Applicant Tele-Interview Program

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*Customer Service Center*  
*Life Application Services*

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# Overview

- Agent and applicant call Life Application Services at 855.567.0496
- Service representative (SR) collects and records (via PegaREACH) agent information and other data needed to proceed with interview
- SR confirms that applicant wants to apply for insurance and accesses electronic (PDF fillable) state specific application forms
- SR conducts the interview and completes the application forms
- SR plays the recorded (and state specific) fraud warning, disclosures and agreements
- SR conducts and records the Agent's Statement interview
- SR documents signature fields with required voice reference information
- SR closes the telephone interview
  - *No modifications to the application can occur once the application tele-interview has been completed*
- SR notes and closes the call in PegaREACH, which documents the time and date of the interview
- SR emails application forms to quality assurance for review
- Quality assurance reviews for completeness and forwards to Life Mail Image

---

## *Life Application Service Number*

- The application tele-interview is supported by Life Application Services
  - *Toll free number: 855.567.0496*
- Agent initiated call is answered by a Service Representative (SR)
  - *If applicant not on the line, SR will open a conference call*

---

## *PegaREACH System*

- SR greets the agent/applicant and collects initial data
  - *Agent: Name, contact number, and PC#*
  - *Applicant: Name and resident state*
  - *Plan: Product and rate quoted*
  - *Replacement: Yes or No*
    - If yes, SR will advise agent that paper application forms must be completed and submitted
- SR advises that all parties to the contract must be present to complete the tele-interview
- SR clicks the SLAICO web link to access electronic fillable state specific PDF application forms



---

# *Application Process*

- Florida requirements:
  - *The agent must stay on the line and ask application questions*
  - *The agent's State Insurance License Number must be obtained and documented on the application*
- SR explains the process and reminds the applicant that the conversation is being recorded
  - *Paper application forms must be submitted if applicant refuses to have the interview recorded*

---

## *Application Process*

- SR records and confirms application data as relayed by the applicant and agent
  - *“Ms. Smith, you stated your date of birth is xx/xx/xxxx, is that correct?”*
- SR asks questions as written on the application form
- All parties to the application must be present to provide electronic signatures

---

## *Recorded Statements/ Disclosures*

- SR explains that the applicant must listen to some recorded statements/disclosures to complete the application process
- SR selects each state specific recorded statement from a PegaReach link

---

## *Recorded Statements/Disclosures*

- Each recorded statement/disclosure message is played as it arises in the application
  - *Fraud Warning, and Application Declarations and Agreements (electronic signature required)*
  - *Authorization to Obtain, Release and Disclose Medical Information (electronic signature required)*
  - *Agent's Statement (electronic signature required)*
  - *Disclosure Notice*
  - *Authorization to My Bank: PAC Authorization (electronic signature required)*
    - If payor different from insured, payor must be present at time of call to provide electronic signature

---

## *Recorded Statements/ Disclosures*

- After each recording, applicant is asked to confirm if he/she understood what was played
  - *Applicant questions are directed to the writing agent*
- Applicant must verbally state “*I agree*” to applicable electronic signature statements to continue the tele-interview process
- SR records the Electronic Signatures on the corresponding signature lines (where applicable)
  - *Telephone signature/CSR ID/Date/Time*

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## *Interview Close*

- SR closes the interview as follows:
  - *Advises the information will be submitted to underwriting for review and a decision*
  - *Reaffirms that no insurance coverage shall be issued until an underwriting decision is offered and accepted by the applicant*
  - *Advises of an approximate review time frame, if asked*
    - Usually within 5 to 10 business days
  - *Agent answers any application questions*
  - *SR answers any new business processing questions*

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## *Application Submission*

- SR reviews all forms for completeness
  - *No modifications of the application are allowed*
- SR emails the submission to quality assurance
- Quality assurance checks submission for completeness
  - *Confirms all application forms are included*
- Quality assurance emails the application forms to the SLAICO new business area for processing

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## *Additional Information*

- Absolutely no modifications of the application can occur once the application tele-interview has been completed
- The tele-interview application process strictly applies to non-replacement business ONLY





Standard Life and Accident Insurance Company

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## CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19

Rule & Regulation 49

ACA 23-79-138 and Bulletin 15-2009

ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form LDB12SL(10)	Individual Whole Life Insurance Policy	50.1
Form LDB12SL-DP	Specifications Page used with Form LDB12SL(10)	

Rex D. Hemme

Senior Vice President & Actuary

Standard Life and Accident Insurance Company